



Claim on household contents and building insurance

1. Insured person

Please complete all fields

Surname	<input type="text"/>	Policy number	<input type="text"/>
Name	<input type="text"/>	Date of birth	<input type="text"/>
Street/number	<input type="text"/>	Daytime tel.	<input type="text"/>
Post code/place	<input type="text"/>	E-mail	<input type="text"/>

2. Event

Please complete all fields

Date of event	<input type="text"/>	Time of event	<input type="text"/>
Place of event	<input type="text"/>		
Cause of loss or damage	<input type="checkbox"/> Fire	<input type="checkbox"/> Natural hazard	<input type="checkbox"/> Theft
	<input type="checkbox"/> Water	<input type="checkbox"/> Glass	
Description of circumstances leading to the event			

3. Police report

No Yes, completed at the following police station

4. Extent of damage

To your own household contents

Please enclose the original receipts and photos

Object	Description	Price	Bought from/year



To building

Please enclose the original receipts and photos

Type of damage and rooms affected

Total expected extent of damage

5. Owners

Information about the owner of the objects in question

Surname	<input type="text"/>	Street/number	<input type="text"/>
Name	<input type="text"/>	Post code/place	<input type="text"/>

Information about the owner of the building in question

Surname	<input type="text"/>	Street/number	<input type="text"/>
Name	<input type="text"/>	Post code/place	<input type="text"/>

6. Other insurance policies

Are the damaged objects also insured elsewhere? No Yes, under the following insurance policy

7. Responsible party

Is the person who caused the loss or damage known? No Yes

Surname	<input type="text"/>	Street/number	<input type="text"/>
Name	<input type="text"/>	Post code/place	<input type="text"/>

Does the person who caused the damage have liability insurance? No Yes

Surname	<input type="text"/>	Street/number	<input type="text"/>
Name	<input type="text"/>	Post code/place	<input type="text"/>

8. Comments

9. Legal information

Please note

By his signature, the signatory grants Sympany access to files or information relating to the claim and releases cantonal authorities, insurers, etc. from their legally or contractually bound obligation to maintain confidentiality toward Sympany.

Please sign here and return by post or e-mail to the address given above

Place and date	<input type="text"/>	Signature	<input type="text"/>
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